## NOTICE OF FEE DUE

DATE:	11-02-04		
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FROM:	Office of Initial Patent Exam	mination	
SUBJECT	hee Due		
APPLICATION	N NUMBER 10.006	726	
Office for the	or the attached document sub following reason. Please che to charge a deposit account.	eck the application to If an authorization is	or the appropriate spresent, please charge the
Insufficien	nt fee by check		
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☐ No fee sub	emitted per requirement	•	
The correct fee	code: 25701	amount	\$ <u>'685</u>
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If you have any Eleanor Kurtz 7	questions, please contact Cynth 03-308-3642	nia Streater at 703-306	-5430 or
Tinal One	tor M11887 8		